

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2	1		1		1		52						
3	1		1		1		53						
4	1		1		1		54						
5		4		4		4	55						
6	1		1		1		56						
7		4		4		1	57						
8		4		4		1	58						
9		4		4		1	59						
10		4		4		1	60						
11		4		4		4	61						
12		4		4		4	62						
13		4		4		1	63						
14		4		4		1	64						
15		1		1		1	65						
16		1		1		1	66						
17			1		1		67						
18						1	68						
19						1	69						
20						1	70						
21						1	71						
22						1	72						
23						4	73						
24						4	74						
25						1	75						
26						1	76						
27						1	77						
28						1	78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		6		6		TOTAL IND.						
TOTAL DEP.	38		38		36		TOTAL DEP.						
TOTAL CLAIMS	43		44		42		TOTAL CLAIMS						